Introduction to Point-of-care Ultrasound

Friday, May 3, 2019
8:30 AM – 4:00 PM
Cooper University Hospital
Pavilion 1006 & 1007, One Cooper Plaza, Camden, NJ 08103

AGENDA:

8:30 AM – 9:00 AM  Registration/Continental Breakfast
9:00 AM – 9:30 AM  Introduction to Point-of-care Ultrasound at the Bedside and Review of Physics/Pre-evaluation
Gurkeerat Singh, MD
9:30 AM – 10:00 AM  Introduction to Cardiac Ultrasonography
Jean-Sebastien Rachon, MD, MBA, FASN, SFHM
10:00 AM – 10:30 AM  Cardiac Scanning Group A
Cardiac Pathology Group B
10:30 AM – 11:00 AM  Cardiac Scanning Group B
Cardiac Pathology Group A
11:00 AM – 11:15 AM  Break
11:15 AM – 11:45 AM  Introduction to Abdominal Ultrasonography
Alfred Cheng, MD/Joshua Rempell, MD, MPH
11:45 AM – 12:15 PM  Introduction to Thoracic Ultrasonography
Jason L. Bartock, MD
12:15 PM – 12:45 PM  Abdominal/Thoracic Scanning Group A
Abdominal/Thoracic Pathology Group B
12:45 PM – 1:15 PM  Lunch on your own
1:15 PM – 1:45 PM  Abdominal/Thoracic Scanning Group B
Abdominal/Thoracic Pathology Group A
1:45 PM – 2:00 PM  Break
2:00 PM – 2:30 PM  Introduction to Vascular and Procedural Ultrasonography
Sarb Sodhi, MD
2:30 PM – 3:00 PM  Vascular/Procedural Scanning Group A
Vascular/Procedural Pathology Group B
3:00 PM – 3:30 PM  Vascular/Procedural Scanning Group B
Vascular/Procedural Pathology Group A
3:30 PM – 4:00 PM  Question and Answer Period/Post-evaluation
Sharad Patel, MD

Intended Audience:
The intended audience for this conference includes primary care physicians and specialists in intensive care medicine, pulmonary medicine, and hospital medicine. Mid-level providers, residents, fellows, advanced practice nurses, medical students, and other physicians with an educational need or interest in this topic may also attend.

Overall Learner Objectives:
Understand both the practical and theoretical benefits of using point-of-care ultrasound for the hospitalized patient. This will be accomplished through didactic, hands-on, and pathology review sessions. After the course, the learner will have an understanding of the literature supporting bedside ultrasound and the ability to perform bedside ultrasound to improve the care of their patients.
Introduction to Point-of-care Ultrasound

Friday, May 3, 2019
8:30 AM - 4:00 PM
Cooper University Hospital
Pavilion 1006 & 1007
One Cooper Plaza
Camden, NJ 08103

Mail registration and payment to:
Continuing Medical Education
The Cooper Health System
2nd Floor, Suite N-330
1 Federal Street
Camden, NJ 08103

Or e-mail ALL of the registration information requested below to: CME@cooperhealth.edu
Or fax to: (856) 382-6495
Or register on-line: events.cooperhealth.org

Faxed, e-mailed, and on-line registrations accepted for credit card payments only.

Conference Fee:
$400.00  Practicing Physicians
$250.00 Residency Program Fellows*
$200.00 Medical Students/APNs/Students*

*A letter of verification from your medical school or program director must accompany your registration in order to receive the discounted rate unless you are from Cooper.

A notice will be sent to you to confirm your registration.

Method of Payment:

☐ My check for $_________ payable to The Cooper Health System is enclosed.
☐ Please charge my: ☐ Am. Express ☐ MasterCard ☐ Visa in the amount of $_________.

Card Number Expiration Date

Authorized Signature

Name as it appears on the credit card

Please print legibly.

Name & Degree: ____________________________________________________________________________

First Last Degree

Please check the status of your medical license: ☐ MD/DO - Active ☐ MD/DO - Retired
Please check if you are a ☐ Resident or ☐ Fellow

Address: __________________________________________________________________________________

City/State/Zip: _____________________________________________________________________________

Telephone: ☐ Home ☐ Work ☐ Mobile
Fax: ______________________________________________________________________________________

E-mail (required): _________________________________________________________________________

Company Name: __________________________________________________________________________

City/State: ________________________________________________________________________________

Specialty/Occupation: _______________________________________________________________________

☐ If you require assistance with hearing, vision, or mobility to make this activity accessible to you, please check here and return by April 18, 2019. You may also contact us if you have special meal requirements. We will contact you at the phone number you provide above.